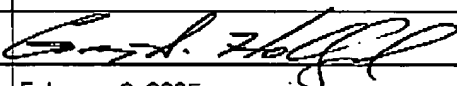


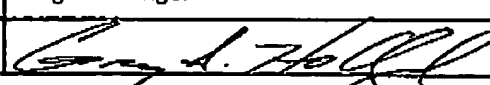
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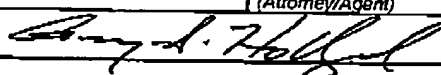
FEB 03 2005

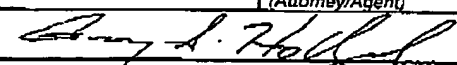
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/731,973
		Filing Date	December 9, 2003
		First Named Inventor	First
		Group Art Unit	1645
		Examiner Name	Tongue
Total Number of Pages in This Submission	28	Attorney Docket Number	17637 (BOT); D3187

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	
Date	February 3, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Greg S. Hollrigel		
Signature		Date	February 3, 2005

FEE TRANSMITTAL for FY 2005				<i>Complete if Known</i>	
<small>Patent fees are subject to annual revision.</small>				Application Number	10/731,973
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27				Filing Date	12/09/2003
TOTAL AMOUNT OF PAYMENT (\$)				First Named Inventor	ERIC R. FIRST
450.				Examiner Name	TONGUE, LAKIA J.
METHOD OF PAYMENT (check all that apply)				Art Unit	1645
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				Attorney Docket No.	17637 (D-3187)
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>GREG S. HOLLRIGEL</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication				<input checked="" type="checkbox"/> Credit any overpayments	
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
Application Type	Filing Fees	Search Fees	Examination Fees		
	<small>Small Entity</small>	<small>Small Entity</small>	<small>Small Entity</small>		
Utility	300	500	200		
Design	200	100	130		
Plant	200	100	160		
Reissue	300	500	600		
Provisional	200	0	0		
Subtotal (1)				0	
2. EXCESS CLAIM FEES					
Fee Description				Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200	100
Multiple Dependent Claims				360	180
Total Claims				Fee (\$)	Fee Paid (\$)
-20 or HP = _____ x _____					
HP = highest number of total claims paid for, if greater than 20					
Indep. Claims				Fee (\$)	Fee Paid (\$)
-3 or HP = _____ x _____					
HP = highest number of independent claims paid for, if greater than 3					
Subtotal (2)				0	
3. APPLICATION SIZE FEE					
<small>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c).</small>					
Total Sheets				Fee (\$)	Fee Paid (\$)
-100 = _____ /50= _____ (round up to a whole number)					
Subtotal (3)				0	
4. OTHER FEE(S)					
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)					
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)					
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)					
<input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)				450.00	
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)					
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)					
<input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount)					
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)					
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)					
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)					
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)					
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)					
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)					
<input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount)					
<input type="checkbox"/> Other: _____					
Subtotal (4)				450.00	
SUBMITTED BY					
Name (Print/Type)	GREG S. HOLLRIGEL	Registration No. (Attorney/Agent)	45,374	Telephone	948-450-1750
Signature				Date	2/3/05

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>					
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27		Application Number	10/731,973				
TOTAL AMOUNT OF PAYMENT (\$) 450.		Filing Date	12/09/2003				
		First Named Inventor	ERIC R. FIRST				
		Examiner Name	TONGUE, LAKIA J.				
		Art Unit	1645				
		Attorney Docket No.	17637 (D-3187)				
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>GREG S. HOLLRIGEL</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments							
<small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
Subtotal (1)							0
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple Dependent Claims	360	180					
Total Claims	Extra Claims	Fee (\$)					
-20 or HP = _____ x _____							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee (\$)					
-3 or HP = _____ x _____							
HP = highest number of independent claims paid for, if greater than 3							
Subtotal (2)		0					
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)			
-100 = _____ /50= _____ (round up to a whole number) x _____ = _____							
Subtotal (3)				0			
4. OTHER FEE(S)							
<input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount)							
<input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount)							
<input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount)							
<input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount)	450.00						
<input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount)							
<input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount)							
<input type="checkbox"/> 5-month extension of time: \$2180 fee (\$1090 small entity discount)							
<input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount)							
<input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount)							
<input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount)							
<input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount)							
<input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount)							
<input type="checkbox"/> Request for Continued Examination: \$780 fee (\$390 small entity discount)							
<input type="checkbox"/> Other: _____							
Subtotal (4)		450.00					
SUBMITTED BY							
Name (Print/Type)	GREG S. HOLLRIGEL	Registration No. (Attorney/Agent)	45,374	Telephone	949-450-1750		
Signature				Date	2/3/05		

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Appl. No. 10/731,973
Reply to Office Action of September 3, 2004

FEB 03 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/731,973 Confirmation No. 6433
Applicant : FIRST
Filed : December 9, 2003
Title : BOTULINUM TOXIN THERAPY FOR SKIN DISORDERS

TC/A.U. : 1600/1645
Examiner : TONGUE, L.J.

Docket No. : 17637 (BOT)
Customer No. : 33197

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Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, to fax number 703-872-
9306, on the date indicated below.

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

2/3/05
Carly L. Helff

AMENDMENT AND PETITION FOR A TWO-MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Office Action of September 3, 2004. A response was due December 3, 2004. Applicant hereby petitions for a two-month extension of time. A response with a two-month extension of time is due February 3, 2005. The Commissioner is hereby authorized to charge the extension of time fee (\$450.00) to Deposit Account No. 21-0890. In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 10 of this paper.

Remarks/Arguments begin on page 12 of this paper.